

FACT SHEET

AHRQ's Evidence-based Practice Centers

Agency for Healthcare Research and Quality • 2101 East Jefferson Street • Rockville, MD 20852



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AHRQ is the lead agency charged with supporting research designed to improve the quality of health care, reduce its cost, address patient safety and medical errors, and broaden access to essential services. AHRQ sponsors and conducts research that provides evidence-based information on health care outcomes; quality; and cost, use, and access.

The information helps health care decisionmakers—patients and clinicians, health system leaders, and policymakers—make more informed decisions and improve the quality of health care services.



U.S. Department of Health
and Human Services
Public Health Service

Program Purpose

In 1997 the Agency for Health Care Policy and Research (AHCPR), now known as the Agency for Healthcare Research and Quality (AHRQ), launched its initiative to promote evidence-based practice in everyday care through establishment of 12 Evidence-based Practice Centers (EPCs). The EPCs develop evidence reports and technology assessments on topics relevant to clinical, social science/behavioral, economic, and other health care organization and delivery issues—specifically those that are common, expensive, and/or significant for the Medicare and Medicaid populations. With this program, AHRQ became a “science partner” with private and public organizations in their efforts to improve the quality, effectiveness, and appropriateness of clinical care by facilitating the translation of evidence-based research findings into clinical practice.

In June 2002, AHRQ announced the award of new 5-year contracts for EPC-II to 13 Evidence-based Practice Centers to continue and expand the work performed by the original group of EPCs. Most of the second group of EPCs were part of the initial set. However, EPC-II brings in three new institutions to the program—the Universities of Alberta, Minnesota, and

Ottawa—while MetaWorks and the University of Texas-San Antonio have concluded their respective contracts as two of the original EPCs.

Report Development

As noted above, the EPCs develop evidence reports and technology assessments based on rigorous, comprehensive syntheses and analyses of the scientific literature on topics relevant to clinical, social science/behavioral, economic, and other health care organization and delivery issues. EPC reports and assessments emphasize explicit and detailed documentation of methods, rationale, and assumptions. These scientific syntheses may include meta-analyses and cost analyses. All EPCs collaborate with other medical and research organizations so that a broad range of experts is included in the development process. (See box for a list of the 13 EPCs and topics in development.)

The resulting evidence reports and technology assessments are used by Federal and State agencies, private sector professional societies, health delivery systems, providers, payers, and others committed to evidence-based health care. In addition, the EPCs will:

- Update prior evidence reports.
- Provide technical assistance to professional organizations,

employers, providers, policymakers, etc. to facilitate translation of the reports into quality improvement tools, evidence-based curricula, and reimbursement policies.

- Undertake methods research.

Potential Users

Evidence reports and technology assessments provide a foundation that public and private entities may use to develop and implement their own practice guidelines, performance measures, review criteria, and other health care quality improvement tools. In addition, they may give health plans and payers information needed to make informed decisions about coverage policies for new and changing medical devices and procedures. Potential users of these evidence reports and technology assessments include clinicians, medical and professional associations, health system managers, researchers, group purchasers, program managers, consumer organizations, and policymakers.

Topic Nomination Procedure

Topics for evidence reports and technology assessments focus on specific aspects of prevention, diagnosis, treatment, and/or management of a particular condition, or on an individual procedure, treatment, or technology. Nominations of topics for EPC evidence reports and technology assessments are solicited routinely through notices in the *Federal Register*. Topic nominations also are accepted on an ongoing basis.

Specific information that should accompany nominations includes the potential questions to be answered by the report or assessment, availability of scientific data, disease prevalence and/or severity, practice variation

patterns, and descriptions of plans for using the evidence report or technology assessment to improve quality of care.

Selection criteria for topics include the following:

- High incidence or prevalence in the general population and in special populations, including women, racial and ethnic minorities, pediatric and elderly populations, and those of low socioeconomic status.
- Significance for the needs of the Medicare, Medicaid, and other Federal health programs.
- High costs associated with a condition, procedure, treatment, or technology, whether due to the number of people needing care, high unit cost of care, or high indirect costs.
- Controversy or uncertainty about the effectiveness or relative effectiveness of available clinical strategies or technologies.
- Impact potential for informing and improving patient or provider decisionmaking.
- Impact potential for reducing clinically significant variations in the prevention, diagnosis, treatment, or management of a disease or condition; in the use of a procedure or technology; or in the health outcomes achieved.
- Availability of scientific data to support the systematic review and analysis of the topic.
- Submission of the nominating organization's plan to incorporate the report into its managerial or policy decisionmaking, as defined above.
- Submission of the nominating organization's plan to disseminate derivative products to its members and plan to measure members' use

of these products, and the resultant impact of such use on clinical practice.

Professional associations, health plans, providers, and others that nominate topics may act as partners with EPCs, providing technical expertise and serving as part of a larger group of peer reviewers of the final product. Partners are expected to translate the findings from the evidence reports and technology assessments into practice guidelines or other implementation tools to improve quality of care within their respective organizations. AHRQ expects that future evidence reports and technology assessments will be developed in the following broad topic areas: child and adolescent health, maternal health, geriatrics, dental health, mental health and substance abuse, rehabilitation, preventive care, and health care organization and financing systems.

For More Information

AHRQ's Center for Practice and Technology Assessment oversees the evidence-based practice program. For more information about the program, EPCs, and topic nominations, contact:

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EPCs and Topics in Development, October 2002

Blue Cross/Blue Shield Association, Technology Evaluation Center, Chicago, IL

- Islet cell transplantation for diabetes^a

Duke University, Durham, NC^b

ECRI, Plymouth Meeting, PA^b

- Treatment-resistant epilepsy

Johns Hopkins University, Baltimore, MD

- Use of glycohemoglobin and microalbuminuria in diagnosis and monitoring of diabetes mellitus
- Strategies for improving minority health care quality^a
- Training for rare public health events (update of prior report related to bioterrorism)^a

McMaster University, Hamilton, Ontario, Canada

- Diffusion and dissemination of evidence-based cancer control interventions
- Treatment of dementia^a

Tufts - New England Medical Center, Boston, MA^b

Oregon Health & Science University, Portland, OR^c

- Hyperbaric oxygen therapy: treatment for brain injury and stroke

Southern California - RAND Corporation, Santa Monica, CA

- Diagnosis and treatment of congestive heart failure
- Clinical efficacy and side effects of ephedra
- Immunoaugmentation therapy: cancer case series
- Antioxidants for CVD
- Pharmacological management of obesity^a

RTI International*-University of North Carolina at Chapel Hill, NC

- Community-based participatory research^a
- Distance learning program (phase 1)^a
- Health literacy: impact on health outcomes^a

Stanford University, Stanford, CA, and University of California San Francisco, CA

- Management of coronary heart disease in women
- Regional models for bioterrorism preparedness^a
- Effective payment strategies to support quality-based purchasing (phase 1 feasibility study)^a

University of Alberta, Edmonton, Alberta, Canada^{}**

- Biventricular pacing for congestive heart failure^a

University of Minnesota, Minneapolis, MN^{}**

- Total knee replacement^a
- Efficacy of behavioral interventions to modify physical activity^a
- Economic incentives: impact on use/outcomes of preventive health services^a

University of Ottawa, Ottawa, Ontario, Canada^{}**

- Quality measures for diagnosis and treatment of breast cancer in women^a
- Sexuality and reproductive health following spinal cord injury (phase 1 feasibility study)^a

^a Topic awarded in 2002.

^b Technical support for Technology Assessment program.

^c Technical support for U.S. Preventive Services Task Force.

* RTI International is a trade name of Research Triangle Institute.

** First time award for EPC, June 2002.

NOTE: See AHRQ Pub. No. 03-P006a for a list of evidence reports published and in process, November 2002.



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AHRQ Pub No. 03-P006
December 2002